

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6494
Registrar's No. 1976

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6494		Registrar's No. 1976					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4475 Lee Ave. 1				d. STREET ADDRESS (If rural, give location) 4475 Lee Ave. 0									
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) -- c. (Last) Motz.				4. DATE OF DEATH (Month) (Day) (Year) Feb. 28. 1949									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/7/1881		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Candy				11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph Motz.				13b. MOTHER'S MAIDEN NAME Julia Mondoli				14. NAME OF HUSBAND OR WIFE Mamie Motz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 489-07-5626				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Motz 4475 Lee Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Heart Disease with Hypertrophy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none. DUE TO (c) none. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none. 4/2/49 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from Feb. 25, 1949, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 1 p. m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) R. J. Riegler M.D. (1)				23b. ADDRESS 4158 Chewstead Ct.				23c. DATE SIGNED 2/28/49					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE March 3. 49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL REG. MAR 1 1949		REGISTRAR'S SIGNATURE J. B. Sarker				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock 2117 E. Grand Ave.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 7 1952

2007-07-25 8517

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Signed _____
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Dean

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.